

Thursday, January 29, 2026

REGION 2 RESPTC PARTNER COMMUNITY NEWSLETTER

The Region 2 RESPTC at NYC Health + Hospitals/Bellevue serves as a National Special Pathogen System (NSPS) Level 1 facility and leads special pathogen preparedness efforts for New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands. Learn more about RESPTC updates, resources, and partner events [here](#).

OUTBREAK AND SPECIAL PATHOGEN NEWS



Healthcare workers transfer a patient with symptoms of Nipah virus in India. Source: AFP via Getty Images

Lassa Fever in Nigeria

In 2025, the Nigeria Centers for Disease Control and Prevention (NCDC) recorded 1148 confirmed and 9389 suspected [cases of Lassa Fever](#), with a national case fatality rate of 18.7%. Four states, including Ondo, Bauchi, Edo, and Taraba, accounted for 89% of all confirmed cases in 2025. The incidence of cases is typically higher during the dry season from December to April. As of mid-January 2026, Benue State has reported seven new suspected Lassa fever [cases awaiting laboratory confirmation](#). This serves as an early warning of a potential increase of cases during the dry season. Symptoms of Lassa Fever

can be similar to other febrile illnesses prevalent in the region, such as malaria and typhoid fever.

Nipah Virus

As of mid-January 2026, there were [two confirmed cases of Nipah virus](#) infection amongst healthcare workers in West Bengal, India. There were also three suspected cases amongst symptomatic healthcare workers. All suspected and confirmed cases were linked to healthcare settings, concerning for possible nosocomial transmission. The West Bengal government has quarantined more than 100 contacts at home. The source of the outbreak is under investigation. Symptoms of Nipah virus infection can include fever, myalgias and vomiting, followed by encephalitis and/or worsening respiratory symptoms.

RESOURCE HIGHLIGHTS & UPCOMING EVENTS

Project ECHO Healthcare Preparedness Virtual Learning Sessions for HHS Region 2

NYC H+H/Bellevue Hospital is launching a series of virtual Project ECHO learning sessions and conversations to engage audiences of public health practitioners, emergency managers, healthcare organizations, and community-based organizations to co-design equitable, coordinated, and resilient emergency preparedness and response systems. If you are interested in learning more about this initiative and would like to implement topics, please fill out this [form](#).

January Travel Screening Country List

The New York City Health + Hospitals/Bellevue Travel Screening List reviews current special pathogen disease outbreaks that require prompt identification, isolation and/or specialized evaluation and management. The Bellevue Special Pathogens Program team develops this list in partnership with colleagues at NYU, Toronto University Health Network, and the Japan Institute for Health Security. This list, which may be found [here](#), can serve as a resource while screening patients.

Current Infectious Disease Outbreaks for New York City Providers

The New York City Department of Health and Mental Hygiene (NYC DOHMH) offers a list of current infectious disease outbreaks as a resource for healthcare providers in New York City. Find the resource [here](#).

REGION 2 NEWS

Congratulations to New NSPS Level 2 Facilities in HHS Region 2!

Congratulations to the 10 new NSPS Level 2 facilities in HHS Region 2. These facilities are committed to protecting our communities from special pathogen threats. Region 2 received the most applicants and tied for the highest number of awards compared to other regions. The 10 Level 2 SPTC awardees in Region 2 include:

- Cooper University Hospital (New Jersey)
- Good Samaritan University Hospital (New York)
- NYC Health + Hospitals | Elmhurst (NYC)
- NYC Health + Hospitals | Harlem (NYC)
- NYC Health + Hospitals | Jacobi (NYC)

- Robert Wood Johnson University Hospital (New Jersey)
- Saratoga Hospital (New York)
- Schneider Regional Medical Center (USVI)
- Stony Brook University Hospital (New York)
- University of Rochester (New York)

Congratulations to all awardees on this incredible accomplishment!

Special Pathogen Preparedness Trainings

Trish Tennill, the RESPTC's Regional Training Lead, led two trainings for healthcare facilities in January. Both trainings focused on preparing the healthcare workforce to respond to special pathogen threats, and included topics such as PPE donning/doffing. The first training taught over 20 providers from Hackensack Meridian Health in New Jersey, one of the closest systems to the upcoming 2026 FIFA World Cup matches at MetLife Stadium. The second event trained around 20 providers from St John Riverside Hospital in New York.



IDWeek Film Features Bellevue

The Region 2 RESPTC at NYC Health + Hospitals / Bellevue was featured at IDWeek -- the joint annual meeting of the Infectious Diseases Society of America, the Society for Healthcare Epidemiology of America, the HIV Medicine Association, the Pediatric Infectious Diseases Society and the Society of Infectious Diseases Pharmacists. **Watch the video [here](#) to learn about Bellevue's historic role in protecting New York from special pathogen threats.**

Research Publications

NYC H+H/ Bellevue, in collaboration with our NETEC colleagues at University of Texas Medical Branch and Denver Health and Hospital Authority, have published a manuscript in CDC's *Emerging Infectious Diseases* entitled "Healthcare Worker Attitudes and Perceptions toward Ebola Vaccine, United States, 2024". We surveyed healthcare workers across our three institutions who are eligible to receive the FDA-approved Ebola Vaccine, ERVEBO, on their interests and perceptions of the vaccine. The US Advisory Committee on Immunization Practices (ACIP) recommends the vaccine as a preexposure vaccination for persons at the highest risk of occupational exposure to Zaire ebolavirus. Sixty-six ERVEBO-eligible healthcare workers participated in our survey, of which 30 (48%) unvaccinated individuals were interested in receiving the vaccine. Among those interested and not already vaccinated, 27% would plan to get ERVEBO when an Ebola case appeared in the United States, or their state or region. Among those unsure or not interested in receiving the vaccine, some reported they might be convinced to vaccinate if there were an Ebola outbreak in the United States (44%); if they better understood the risks and benefits of vaccination (34%), vaccine safety (31%), or the risk of spreading VSV to others (28%) We found no significant difference in the median cumulative length of stay per patient between the two groups. Addressing the respondent's concerns found in this study may help optimize ERVEBO education and deployment to eligible healthcare workers. [Click here](#) to read the full manuscript.

TRAINING TIP OF THE MONTH

When developing your donning and doffing protocols or deciding on Personal Protective Equipment (PPE), consider the zones in your patient care area where the PPE components will be donned and doffed. Practice in your facility designated PPE to see how the space will impact the donning and doffing process and adapt your protocols accordingly.

[Guidance for Anteroom or Designated Anterooms Within the Facility - Managing the Special Pathogen Patient Care Area · NETEC Resource Library](#)

OUTBREAK ADVISORIES AND RESOURCES

Lassa Fever

Lassa fever is primarily found in West Africa and is spread through exposure to rats.

Symptoms typically occur within 1 to 3 weeks after infection and can include:

- fever,
- headache,
- bleeding,
- difficulty breathing,
- vomiting,
- facial swelling,
- pain in the chest, back, and abdomen, and
- shock

Resources

- [CDC Lassa Fever guidance](#)

H5N1 Avian Influenza

Providers should consider the possibility of H5N1 in patients who had contact with potentially infected sick or dead animals in the past week and show the following symptoms:

- fever,
- cough,
- sore throat,
- body aches,
- headaches,
- fatigue,
- eye redness (or conjunctivitis), and/or
- shortness of breath

Source: [CDC](#)

Providers should report any non-sub typeable influenza A cases to their Department of Health.

Resources

- [Region 2 RESPTC H5N1 Avian Influenza Webinar Recording](#)
- CDC HAN | [Accelerated Subtyping of Influenza A in Hospitalized Patients](#)
- [NETEC Influenza A Resource Repository](#)
- [NETEC Webinar Series \(8/14/2024\): H5N1 Town Hall: Updates for Frontline Staff](#)
- NETEC [Laboratory Resources: Highly Pathogenic Avian Influenza \(HPAI\)](#)

- CDC [Bird Flu News and Spotlights](#)
- [NYC and NYS DOH health advisory on Influenza A subtyping](#)

New York State Reporting

To report sick or dead poultry in New York State, call the NYS Department of Agriculture and Markets at [518-457-3502](tel:518-457-3502).

JANUARY SPOTLIGHT | JEANNETTE GUZMAN

Jeannette K. Guzman is a Preparedness Specialist with the U.S. Virgin Islands Department of Health (DOH), Division of Public Health Preparedness, where she supports territory-wide preparedness, planning, and response across St. Croix, St. Thomas, and St. John. Born and raised on St. Croix, Jeannette brings over 20 years of experience in public service and private sector management to her work in public health preparedness.

For the past five years, Jeannette has served in emergency preparedness roles supporting complex incidents in a geographically isolated, resource-limited island environment. Her responsibilities have included serving as the Territorial Pandemic Isolation Coordinator during the COVID-19 response, Patient Evacuation Lead during disaster operations, and Hemodialysis Coordinator focused on protecting dialysis-dependent patients during emergencies. These roles have required close coordination with hospitals, dialysis providers, territorial agencies, and federal partners to ensure continuity of care and patient safety.

Jeannette's interest in healthcare preparedness and special pathogen readiness was shaped by repeated disaster responses in the territory, where disruptions to power, water, transportation, and healthcare access directly impact vulnerable populations. These experiences reinforced the importance of proactive planning, operational coordination, and scalable systems tailored to island jurisdictions.

In recent years, Jeannette has played a key role in uplifting the DOH preparedness platform by supporting the development and implementation of the Jurisdictional Risk Assessment (JRA) and aligning it with healthcare Hazard Vulnerability Assessments (HVA). This work was recognized by CDC partners as a model for how jurisdictions with limited resources can successfully implement comprehensive risk assessments. She has also supported ESF-8 patient movement planning, dialysis continuity of care initiatives, and Joint Patient Assessment and Tracking System (JPATS) readiness with regional and federal partners.

Currently, Jeannette continues to advance dialysis preparedness efforts focused on continuity of operations, patient tracking, and inter-island coordination, contributing to a stronger, more resilient preparedness posture across the U.S. Virgin Islands and HHS Region 2.

WHAT'S NEW ON THE REGION 2 RESPTC WEBSITE?

The Region 2 RESPTC website is a one-stop shop for all things related to special pathogen preparedness and response in New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands. The team has updated the [Tools and Resource page](#) with new resources including the latest Travel Screening List and resources dedicated to the H5N1 response. You can also read or re-read past newsletter issues [here](#).

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